Annex to:

EFSA NDA Panel, 2022. Scientific Opinion on the Tolerable Upper Intake Level for dietary sugars. EFSA Journal 2022;20(2):7074. doi:10.2903/j.efsa.2022.7074

Annex F – Information on food composition, intake, and current recommendations on dietary sugars in European countries

Table of Contents

1. Introduction

In September 2018, a questionnaire was sent to 39 institutions in 37 countries through the EFSA Focal Points[1] and the EFSA Food Consumption Network[2] in order to gather sugars intake data from national surveys, national food composition data on added and free sugars, and information on current national recommendations for dietary sugars. The questionnaire can be found in the Appendix to this Annex.

Questionnaires with at least one answer to one of the questions were received from 25 countries, later called "responders", namely Austria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Malta, Netherlands, Norway, Portugal, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom. The information as reported in the questionnaires by the data providers is summarised briefly in this Annex.

2. Data on intake of total/added/free sugars

Intake data on total, added and free sugars from national dietary surveys estimated using national food composition databases were requested in order to compare the reliability of the sugar intake estimates obtained by EFSA for the same national surveys and population groups using the EFSA food composition databases for total, added and free sugars.

National published (aggregated) sugar intake data were received from 18 countries, for a total of 27 national surveys. Of these, only 14 surveys were in the EFSA Comprehensive Database which has been used for the assessment of the intake of total, added and free sugars for the Scientific Opinion (**Section 4.3**). Details of each survey can be found in **Table 1** in this Annex.

For some surveys, sugar intakes calculated by EFSA could not be compared with national data as these were either on single sugars or sugars from sweet snacks and not on total/free/added sugars (DIET-2014-EST from Estonia), were provided only in graphs and for the age range covering the whole survey population (German NVS II, 14-80 years)), or for age ranges which were too different to allow a proper comparison (Riksmaten Adolescents in Sweden, and Diet and Nutrition Survey of infants and young children 4-18 months in the UK).

For the **remaining surveys,** an exact comparison was not possible in most of the cases, and the choice of the age range to be selected was made on a case by case basis. For infants, toddlers, other children and adolescents, considering that their diet changes very quickly, only the age ranges in the national surveys which were the most similar to the ones used by EFSA were selected in order to perform a meaningful comparison (INCA 3, IAN.AF 2015-2016 and ENALIA). For adults and the older adults, age ranges which were wider or narrower than the ones used by EFSA were selected among the available ones, also based on the highest number of individuals represented (e.g. INCA 3, NANS and IAN.AF 2015-2016). Thus, discrepancies resulting from the comparison between national intake data and estimations by EFSA could be, at least partially, explained by the selection of age ranges in the national surveys which were not the same as those used by EFSA. A comparison of absolute intake values from the publications on the national surveys provided in the questionnaires and EFSA's estimation can be found in **Table 2** of this Annex.

For **total sugars**, data from six national surveys could be used for comparison. In the **FINDIET 2012** (Finland), intakes of total sugars calculated by EFSA were +/- 10% of the values provided by the

[1] Questionnaires were sent to the EFSA Focal Points in its composition which was valid in September 2018. The current composition is available at http://www.efsa.europa.eu/en/people/fpmembers

[2] Questionnaires were sent to the EFSA Food Consumption Network in its composition which was valid in September 2018. Current composition of the EFSA Food Consumption Network http://www.efsa.europa.eu/sites/default/files/dcmfoodconsnetworklist.pdf

national survey for both the older adults and adults. For the **INCA3** (France), values calculated by EFSA were within +/- 10% the values provided by the national survey for all age categories and both sexes despite small differences in the age ranges considered. For toddlers, however, EFSA values were 19% and 15% lower than the intakes in the national survey for males and females, respectively. In the **NANS 2012** (Ireland, IUNA (2011)), EFSA values for total sugars in adults (18-64 years) and older adults of both sexes were up to 7% lower than the intakes in the national survey. For the **IAN.AF 2015-2016** survey (Portugal), data on total sugar intake were not stratified by sex. For adults, the category 18–44 years (the other adult category was 45-64 years), which had the highest number of participants, was taken for comparison. EFSA values for adults and older adults were 12% and 10% lower, respectively, than the intakes of total sugars reported in the national survey. Intakes for children calculated by EFSA were 6% lower than those reported in the national survey (5-9 years). In the Spanish survey (ENALIA 2), EFSA estimations for adults were 3% lower than those reported in the national survey, which included adults aged between 18 and 75 years.

Data from three national surveys could be used for comparison of **free sugars**. For adult males and females in the **NANS 2012** (Ireland), EFSA values were, respectively, 8% and 13% lower than the intakes in the national survey. Likewise, for the older adults, intake values were 3% and 18% lower in males and females, respectively. For the **IAN.AF 2015-2016** survey (Portugal), EFSA intake values for adults and older adults were, for males and females respectively, 16% and 11% and 17 and 8% higher than the intakes in the national survey. For children aged 5-9 years, the values calculated by EFSA were 1% lower than the values provided by the national survey. Intake values for free sugars from the UK National Diet and Nutrition Survey (**NDNS**) rolling program (1st and 2nd year of the rolling program (2008/09-09/10)) were between 17% and 21% higher for children, adults, and the older adults than those calculated by EFSA (1st, 2nd and 3rd year of the rolling program combined (2008/09-2010/11)). These differences could be due, at least in part, to the different survey years used to calculate intakes.

For **added sugars**, data from five national surveys could be used for comparison. For the **NANS** 2012 (Ireland), intake values of added sugars for adults were 12% and 18% lower in males and females, respectively, when compared to the category of adults 18-35 years reported in the survey. In the older adults, the values were 13% and 25% lower in males and females, respectively (Walton et al., 2017). For the **IAN.AF 2015-2016** survey (Portugal), EFSA intake values for added sugars compared to the intakes reported in the national survey were, 4% lower and 11% higher for adults and for the older adults, respectively (both sexes combined). For **children**, the EFSA values and those provided by the national survey did not differ. Added sugar intakes reported in the Spanish survey (**ENALIA**) for children males and females aged 3 to 9 years were, respectively, 49 and 46% higher than those estimated by EFSA. National values calculated from another Spanish survey (**ENALIA 2**) for adults of both sexes combined were 17% higher than those estimated by EFSA. These differences could be possibly attributed to the fact that national values were calculated based on a different definition of added sugars, and composition data were not part of a national database, but rather analytical data collected in a selection of high sugar content foods (mainly juices and nectars) as part of a study to propose the reduction of added sugars to the companies. For the **Riksmaten** survey (Sweden), values calculated by EFSA were 19% and 5% lower compared to the intakes reported in the national survey for adult males and females, respectively. Comparing the older adults, EFSA values were 22 and 20% lower for males and females, respectively.

3. Food composition data

Data on National food composition databases used to calculate the intake of sugars were received from nearly all responders (21) (**Table 3**). All but one database contained data on **total sugars,** while only a few contained data on **single monosaccharides** (eight on glucose, eight on fructose, nine on

sucrose, 10 on lactose, one on monosaccharides in general, two on maltose, and four on maltose and galactose).

Only 3 national databases contained data on both added and free sugars, and were all calculated using the methodology by Louie et al. (2015) on which the systematic procedure used for the estimation of added and free sugars content in foods for this Scientific Opinion was based (Section 4.2 in **Annex B**). Other national databases contained data on added or free sugars only (4 and 3 databases, respectively), and were developed according to calculations based on recipes, data from food companies, and food labelling. Two countries reported not having used national composition databases, but a commercially available nutrient analysis software or analytical data.

4. National recommendations for dietary sugars

Of the 25 responders, 21 declared having a National recommendation for dietary sugars (**Table 4**). Of those, 3 recommendations are on total sugars, 11 on added sugars, and 7 on free sugars. Nearly all recommendations targeted the general population, while 10 targeted specific groups, namely older adults, adults, adolescents (14-18 y) and schoolchildren (6-14 y), young children and infants, pregnant women, lactating women. In one country, the recommendation was targeted to "heart patients".

Among the most common were, in descending order, adolescents (14-18 years), school children (6-14 years) and adults (18-65 years).

The most common health-related problems considered when developing the recommendations for dietary sugars were, in descending order, overweight/obesity, diabetes, dental caries and cardiovascular disease.

Table 1. Published data on sugar intake from all sources from National surveys present in the EFSA Comprehensive European Food Consumption Database

Country	Survey	Time covered	Population (years)	Exposure assessed (total, added, free)	Comments /comparability of data[3]	Reference
Estonia	Estonian National Dietary Survey (ENDS)	2013-2015	2-5 6-9 10-13 14-17 18-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74	Sugar from sweet snacks and single sugars only (Sucrose, Lactose, Maltose, Glucose, Fructose, Galactose)	**Non-comparable.** Published intake data on sugar on mean daily intake from sweet snacks and single sugars only.	National Institute for Health Development, Health Statistics and Health Research Database
Finland	National FINDIET Survey	2012	**25-64** **65-74**	Total sugars	**Similar age range** for **adults** (25-64y) and older adults (65-74y).	Helldán et al. (2013)
France	Individual and National Study on Food Consumption (INCA)	2014-2015	**0-11 mo** **1-3** 4-6 7-10 **11-14** **15-17** **18-44** 45-64 **65-79**	Total sugars	**Similar** age ranges for **infants** (0-11mo)**, toddlers** (1-3y)**, young adolescents** (11-14y)**, older adolescents** (15-17y)**, adults** (18-44y, used for comparison as it had the highest number of individuals) and older adults (65-79y)	ANSES (2017)
Germany	German National Nutrition	2005-2007	14–18 19–24 25–34	Free sugars	**Non-comparable.** Intakes by age group are **shown only in graphs**. The results with numerical values are shown for the entire population (**14-80 y**).	Heuer (2018)

[3] Age classes as considered in the EFSA Comprehensive Food Consumption Database: **infants** (< 12 months), **toddlers** (12 to < 36 months), **other children** (3 to < 10 years), **adolescents** (10 to 14 years; 14 to 18 years), **adults** (18 to < 65 years), older adults (> 65 years). Age classes are **stratified by gender.**

Country	Survey	Time covered	Population (years)	Exposure assessed (total, added, free)	Comments /comparability of data[3]	Reference
	Survey II (NVS II)		35–50 51–64 65–80 14-80			
	Ernährungsstudie als KiGGs-Modul (EsKiMo)	2006	6 7-9 10-11 12 13-14 15-17	Total sugars (mono-and disaccharides)	**Non-comparable.** Non similar age ranges. Intakes for older adolescents were estimated by EFSA from NVS II which is more recent.	Mensink et al. (2007)
			6-11 12-17		**Non-comparable.** Non similar age ranges	
Ireland	National Adult Nutrition Survey (NANS)	2008-2010	18-35 36-50 51-64 **18-64** **>65**	Total sugars	**Similar age range** for **adults** (18-64y) and older adults (>65y).	IUNA (2011)
			18-35 36-50 51-64 **>65** 18-90	Total, added, free sugars	**Similar age range** for **adults** (18-35y) and older adults (>65y). Data on total sugar intake in adults were compared using values from IUNA, 2011 where data are reported on the full range for adults.	Walton et al. (2017)
Portugal	National Food, Nutrition, and Physical Activity Survey of the Portuguese General	2015-2016	3 mo-<5 y **5-9** 10-17 **18-44** 45-64 **65-84**	Total, added, free sugars	**Similar age range** for **children** (5-9 y), **adults** (18-44y, used for comparison as it had the highest number of individuals) and older adults (65-84y). Age groups were not stratified by sex. For comparison of **free sugars**, only children (**5-9 y**) were used for comparison, whereas adults and older adults were compared using values from Lopes et al. 2017 as sex-stratified values were available.	Marinho et al. (2019)

Country	Survey	Time covered	Population (years)	Exposure assessed (total, added, free)	Comments /comparability of data[3]	Reference
	Population (IAN-AF)		<10 10-17 **18-64** **65-84**	Free sugars	**Similar age ranges** only for **adults** (28-64y) and older adults (65-84y).	Lopes et al. (2017)
Spain	ENALIA	2012-2014	6 mo to 17 y **3-9**	Total, **added sugars**	**Similar age range** for **children** (3-9y) only.	AECOSAN (2018)
	ENALIA2	2014-2015	18-75	Total, added sugars	**Similar age range** for **adults** (18-75y).	AECOSAN (2018)
Sweden	Riksmaten Adults	2010-11	18-30 31-44 **45-64** **65-80**	Added sugars	**Similar age ranges** for **adults** (45-64y, used for comparison as it had the highest number of individuals) and for older adults (65-80y).	Amcoff et al. (2012)
	Riksmaten Adolescents	2016-17	11-12 14-15 17-18	Added sugars	**Non-comparable. Non-similar** age ranges.	Lemming et al. (2018)
United Kingdom	National Diet and Nutrition Survey (NDNS) rolling programme	2008-present	**4-10** 11-18 **19-64** **≥65**	Free sugars	**Similar age ranges** for **other children** (4-10y), **adults** (19-64y) and older adults (≥65y). Data collection years 1&2 (2008/09-09/10) compared to years 1-3 in the EFSA Database.	Public Health England (2018)
	Diet and Nutrition Survey of infants and young children 4-18 months	Fieldwork in 2011	4-6 mo 7-9 mo 10-11 mo 12-18 mo	Total sugars, Non-milk extrinsic sugars[4]	**Non-comparable. Non-similar** age ranges.	Lennox et al. (2013)

[4] Publication reports intakes of non-milk extrinsic sugars, which constitutes the predecessor to free sugars in the UK.

Table 2. Comparison between EFSA sugar intake estimates and published estimates from the same survey

Country	Survey name (publication)	Survey age range, y	EFSA age range, y	Percentage of published intake by sex*	
				M	F
TOTAL SUGARS					
Finland	**FINDIET 2012** (Helldán et al., 2013)	25-64	18 - <65	107	110
		65-74	≥65	109	110
France	**INCA3** (ANSES, 2017)	0-11mo	4 - <12 mo	110	100
		1-3	1 - <3	81	85
		11-14	10 - <14	94	90
		15-17	14 - <18	100	107
		18-44	18 - <65	90	100
		65-79	>65	110	104
Ireland	**NANS** (IUNA, 2011)	18-64	18 - <65	99	97
		>65	≥65	93	93
Spain	**ENALIA 2** (AECOSAN, 2018)	18-75	18 - <65	97[a,c]	
Portugal	**IAN.AF 2015-2016** (Marinho et al., 2019)	5-9	3 - <10	94[a]	
		18-44	18 - <65	88[a]	
		65-84	≥65	90[a]	
FREE SUGARS					
Ireland	**NANS** (Walton et al., 2017)	18-35	18 - <65	92	87
		>65	≥65	97	82
United Kingdom	**NDNS Years 1-3** (Public Health England, 2018)	04-10	3 - <10	80[b]	83[b]
		19-64	18 - <65	79[b]	82[b]
		>65	≥65	83[b]	82[b]
Portugal	**IAN.AF 2015-2016D** (Marinho et al., 2019) (children) (Lopes et al., 2017) (adults and older adults)	5-9	3 - <10	99[a]	
		18-44	18 - <65	116	111
		65-84	≥65	117	108
ADDED SUGARS					
Ireland	**NANS** (Walton et al., 2017)	18-35	18 - <65	88	82
		>65	≥65	87	75
Portugal	**IAN.AF 2015-2016** (Marinho et al., 2019)	5-9	3 - <10	100[a]	
		18-44	18 - <65	96[a]	
		65-84	≥65	111[a]	
Spain	**ENALIA** (AECOSAN, 2018)	3-9	3 - <10	51[c]	56[c]
	ENALIA2 (AECOSAN, 2018)	18-75	18 - <65	83[a,c]	
Sweden	**RIKSMATEN 2010-2011** (Amcoff et al., 2012)	45-64	18 - <65	81	95
		65-80	≥65	78	80

[*] Intake of sugars in g/day estimated by EFSA were compared to data on sugar intake from the publications provided by the Member States for each survey and population group. The comparison was expressed as a percentage of the intake from the publication i.e. EFSA estimation/Publication estimation*100

mo = months

[(a)] Estimations for males and females combined were compared

[(b)] Intake values from the EFSA Comprehensive database for collection years 1-3 were compared to collection years 1-2 from the survey publication

[(c)] Only median values were available in the publication and were compared with mean values from the EFSA Comprehensive database

Table 3. Data on total, added and/or free sugars from the national food composition databases used to estimate intake (responders only)

Country	Total sugars	Added sugars	Free sugars	Glucose	Fructose	Sucrose	Lactose	Other sugars
Austria	Yes	No	No	Yes	Yes	Yes	Yes	Mono- and disaccharides
Czech Republic	Yes	No	No	Yes	Yes	Yes	Yes	Maltose
Denmark	Yes	Yes	No	Yes	Yes	Yes	Yes	Maltose, galactose
Estonia	Yes	No	Yes	Yes	Yes	Yes	Yes	Maltose, galactose
Finland	Yes	No	No	Yes	Yes	Yes	Yes	Maltose, galactose
France	Yes	No	No	No	No	No	No	No
Germany	Yes	No	No	Yes	Yes	Yes	Yes	Maltose, galactose
Hungary	Yes	Yes	No	No	No	No	No	No
Croatia								
Iceland	Yes	Yes	No	No	No	No	No	No
Greece								
Ireland	Yes	Yes	Yes	No	No	No	Yes	No
Lithuania	Yes	No	No	No	No	No	No	No
Latvia								
Malta	Yes	No	No	No	No	No	No	No
Netherlands	Yes	No	No	No	No	No	No	No
Norway	No	Yes	No	No	No	No	No	No
Portugal	Yes	Yes	Yes	No	No	Yes	Yes	No
Republic of Serbia	Yes	No	No	No	No	No	No	No
Slovenia	Yes	No	Yes	No				No
Spain	Yes	No	No	No	No	No	No	No
Sweden	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Maltose
Slovakia								
Switzerland	Yes	No	No	No	No	No	No	No
United Kingdom	Yes	No	Yes	Yes	Yes	Yes	Yes	

Empty cells: no answer to this specific question was provided.

Table 4. National recommendations on the consumption of dietary sugars (total, added and/or free)- responders only

Country	Population group											Outcomes											
	General population	Old adults	Adults	Adolescents	School children	Pre-school children	Young children	Infants	Pregnant women	Lactating women	Other	CVD diseases	Cognitive impairment	Dyslipidemia	Dental caries	Hypertension	Overweight/ obesity	Diabetes	Cancer	Nutrient deficiencies	Adverse pregnancy outcomes	Other
Austria	x			x	x	x	x	x							x		x					
Croatia				x	x										x		x	x				
Czech Republic	x																					
Denmark	x														x		x			x		A
Estonia	x											x	x	x	x	x	x	x	x	x	x	
Finland	x	x	x	x	x	x	x	x	x	x	B	x		x	x		x	x				C
France	x		x									x		x		x	x	x				D
Germany	x											x		x	x	x	x					
Greece		x	x	x	x	x	x	x	x	x					x		x	x				
Hungary	x		x	x	x							x					x	x	x			
Iceland	x										>2y	x		x	x	x	x	x	x	x	x	C
Ireland	x	x	x	x	x				x	x		x			x		x	x				
Latvia	x								x								x	x			x	
Lithuania	x											x	x	x	x	x	x	x	x		x	
Malta	x	x	x	x	x							x		x	x	x	x	x				
Netherlands	x																					
Norway	x														x		x	x	x	x		
Slovenia	x	x	x	x	x	x	x	x				x			x		x	x	x			E
Sweden	x														x		x	x				
Switzerland	x														x		x					
United Kingdom	x											x		x	x	x	x	x	x			F

Age categories (indicative): **infants** (up to 12 months), **young children** (1-3 years), **pre-school children** (3-6 years), **schoolchildren** (6-14 years), **adolescents** (14-18 years), **adults** (18-65 years), **old adults** (>65 years).

A: Tooth erosion; B: heart patients, C: Nutrient density of the diet; D: uric acid and NAFLD, E: all health-related aspects that are considered in the WHO documents (Diet, Nutrition and Prevention of Chronic Diseases. Technical Report Ser. 916. Body/organisation: WHO/FAO Year: 2003, update 2015: Guidelines for sugars intake for adults and children, WHO); F: colorectal health.

References

AECOSAN (Agencia Española de Consumo, Seguridad Alimentaria y Nutrición), 2018. Collaboration PLAN for the improvement of the composition of food and beverages and other measures 2020.

Amcoff E, Edberg A, Barbieri H, Lindroos A, Nälsén C, Pearson M and Lemming E (Livsmedelsverket), 2012. Livsmedels- och näringsintag bland vuxna i Sverige. Stockholm

ANSES (Agence nationale de sécurité sanitaire de l'alimentation de l'environnement et du travail), 2017. Etude individuelle nationale des consommations alimentaires 3 (INCA3).

Helldán A, Raulio S, Kosola M, Tapanainen H, Ovaskainen M and Virtanen S (National Institute for Health and Welfare), 2013. The National FINDIET 2012 Survey. . Helsinki

Heuer T, 2018. Zuckerkonsum in Deutschland (Sugar Consumption in Germany). . Aktuel Ernahrungsmed, 43

IUNA (Irish Universities Nutrition Alliance), 2011. National adult nutrition survey (NANS).

Lemming E, Moraeus L, Sipinen J and Lindroos A (Livsmedelverket), 2018. Riksmaten ungdom 2016-2017. Så äter ungdomar I Sverige. Del 1 Livsmedelskonsumtion bland ungdomar i åk 5, åk 8 och åk 2 på gymnasiet. .

Lennox A, Sommerville J, Ong K, Henderson H and Allen R (Department of Health and Food Standards Agency, UK.), 2013. Diet and Nutrition Survey of Infants and Young Children, 2011.

Lopes C, Torres D, Oliveira A, Severo M, Alarcão V, Guiomar S, Mota J, Teixeira P, Rodrigues S, Lobato L, Magalhães V, Correia D, Carvalho C, Pizarro A, Marques A, Vilela S, Oliveira L, Nicola P, Soares S and Ramos E (Universidade do Porto), 2017. Inquérito Alimentar Nacional e de Atividade Física, IAN-AF 2015-2016: Relatório de resultados. Porto

Louie JC, Moshtaghian H, Boylan S, Flood VM, Rangan AM, Barclay AW, Brand-Miller JC and Gill TP, 2015. A systematic methodology to estimate added sugar content of foods. Eur J Clin Nutr, 69:154-161. doi: 10.1038/ejcn.2014.256

Marinho A, Severo M, Correia D, Lobato L, Vilela S, Oliveira A, Ramos E, Torres D and Lopes C (Public Health Nutrition), 2019. Total, added and free sugar intakes, dietary sources and determinants of consumption in Portugal: The National Food, Nutrition and Physical Activity Survey (IAN-AF 2015–2016). 10.1017/S1368980019002519

Mensink G, Heseker H, Stahl A, Richter A and Vohmann C, 2007. Die aktuelle Nährstoffversorgung von Kindern und Jugendlichen in Deutschland. Ernährungs Umschau, 11:636-646

Public Health England, 2018. National Diet and Nutrition Survey: Results from years 7 and 8 of the rolling programme (2014/15-2015/16).

Walton J, Kehoe L, McNulty B, Nugent A and Flynn A, 2017. Intakes and sources of dietary sugars in a representative sample of Irish adults (18–90y). Proceedings of the Nutrition Society, 76:E65 doi: 10.1017/S0029665117001380.

Appendix: Questionnaire to National Competent Authorities of European countries

NAME:

COUNTRY:

AFFILIATION:

E MAIL:

DATE:

- EFSA has been requested to provide a scientific opinion on the Tolerable Upper Intake Level of dietary sugars. The assessment concerns the main types of sugars (mono- and disaccharides) found in mixed diets (i.e. glucose, fructose, galactose, sucrose, lactose, maltose, and trehalose). Sugar alcohols (polyols), other substances used as sugar replacers, and other mono- or disaccharides present in the diet in marginal amounts, are not included in the term "sugars" for the purpose of this assessment. In this context, EFSA will address:

  - **Total sugars**: i.e. the monosaccharides glucose, fructose, and galactose, and the disaccharides sucrose, lactose, maltose, and trehalose present in foods;

  - **Added sugars**: sugars used as ingredients in processed and prepared foods and sugars eaten separately or added to foods at the table; and

  - **Free sugars:** added sugars plus sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

In the context, EFSA would like, through this questionnaire, to gather information on the following:

a) Data available from national food consumption surveys (or regional food consumption surveys e.g. targeting specific population groups such as infants or pregnant women) on the intake of **total/added/free sugars**
b) National food composition data on **total, added, and free sugars** if available, together with a description of the methods used to estimate **added** and **free sugars** in foods;
c) National dietary recommendations on the amount of sugars (whether total, added or free) to be consumed in the diet, if available

To answer this questionnaire, please tick the relevant boxes. If you have doubts or queries in relation to the compilation of this questionnaire, please contact us at: nda@efsa.europa.eu

1. Please specify the last national food consumption survey(s) carried out in your country, indicating the year (or time frame) in which the survey was conducted, the method used for data collection (food diaries, food records, 24-h dietary recalls, other), the number of days in which data was collected for each subject, and the age group(s) included in the survey. Regional food consumption surveys should only be indicated if they targeted specially infants (up to 12 months of age) or pregnant women. Food consumption surveys using food–frequency questionnaires for data collection should not be included.

Name of survey	Type of survey (National/regional)	Year (range)	Method for data collection	Number of days/subject	Age groups included

Add as many rows as needed

2. Please indicate whether there are publications available (in any language) on the intake of total sugars, added sugars, and/or free sugars in your country at national level (i.e. from the most recent national food consumption surveys that you have listed in question 1):

Author/year	**Total sugars**	**Added sugars**	**Free sugars**
	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no

Add as many rows as needed

Please provide the full list of references, as well as the full text if available to you

Note: *Should you wish to share data not published yet but soon to be (i.e. on a confidential basis/embargo until publication), please specify the foreseen/assumed date of publication, and note that only data published by March 2019 will be accepted. Please also specify if you have anything against sharing unpublished data with the Experts of the Working Group on Sugar, for the purposes of this risk assessment.*

If NO publications are available on the intake of total sugars, added sugars, and/or free sugars in your country at national level → please go directly to question 5.

3. The national food composition database used to calculate the intake of total sugars, added sugars, and/or free sugars in the afore-mentioned publications contains data on:

Total sugars ☐ yes ☐ no

Glucose ☐ yes ☐ no

Fructose ☐ yes ☐ no

Sucrose ☐ yes ☐ no

Lactose ☐ yes ☐ no

Other sugars ☐ yes ☐ no. If yes, please specify

Please provide the link to a website where the database can be downloaded from or a contact address/details of the person(s) responsible for the maintenance/update of the database

4. Your national food composition database contains information on:

   Added sugars ☐ yes ☐ no

   Free sugars ☐ yes ☐ no

   If the answer to any of the above is yes, please specify in detail the methodology that has been used to estimate the content of added sugars and/or free sugars in foods

5. Does your country have some type of national recommendations on the amount of sugars to be consumed in the diet?

   ☐ yes ☐ no

   If the answer is no → please go directly to question 9.

6. Please specify the national dietary recommendations to limit the amount of sugars consumed in the diet available in your country, indicating the type of recommendation (e.g. in the context of setting dietary reference values for nutrients, in the context of developing Food–Based Dietary Guidelines (FBDG)) and who was involved in their development (government bodies, scientific societies, industry, non-profit organisations, other), and the year in which the recommendation was issued. Please provide a link to the full text of the recommendation, if available. If more than one national recommendation is available in your country (e.g. established by different bodies; FBDGs targeting only specific age groups), use as many rows as needed.

   a) National dietary recommendation: Body/organisation Year

   b) National dietary recommendation: Body/organisation Year

   c) National dietary recommendation: Body/organisation Year

7. National recommendations on the consumption of dietary sugars (total, added and/or free) are directed to:

   Please note that age ranges below are only indicative

   ☐ General population ☐ Infants (up to 12 mo)

   ☐ Old adults (>65 years) ☐ Young children (1-3 years)

   ☐ Adults (18-65 years) ☐ Pre-school children (3-6 Years)

   ☐ Adolescents (14-18 years) ☐ Schoolchildren (6-14 years)

   ☐ Others ☐ Pregnant women

   ☐ Lactating women

8. Which diet-related health problems were considered when developing recommendations for the intake of total, added and/or free sugars consumption in your country? Please tick as many as needed:

   ☐ Cardiovascular diseases ☐ Cognitive impairment

   ☐ Dyslipidaemia ☐ Dental caries

☐ Hypertension ☐ Overweight/obesity

☐ Diabetes ☐ Cancer

☐ Nutrient deficiencies ☐ Adverse pregnancy outcomes

☐ Others (please specify) ☐ None

9. Please add any general or specific comment, you might have:

We kindly ask you to send back the filled survey by e-mail to: nda@efsa.europa.eu

Thank you very much for the time you spent to complete this questionnaire!

Glossary, abbreviations, and acronyms

AECOSAN	Spanish Agency for Food Safety and Nutrition
ANSES	The French Agency for Food, Environmental and Occupational Health & Safety
EFSA	European Food Safety Authority
ENDS	Estonian National Dietary Survey
EsKiMo	Ernährungsstudie als KiGGs-Modul
IAN-AF	National Food, Nutrition, and Physical Activity Survey of the Portuguese General Population
INCA	Individual and National Study on Food Consumption
IUNA	Irish Universities Nutrition Alliance
NANS	National Adult Nutrition Survey
NDNS	National Diet and Nutrition Survey
NVS II	German National Nutrition Survey II